AHCCCS NPI - HIPAA Consortium

April 26, 2007
2:00 PM to 3:00 PM
AHCCCS 701 E. Jefferson St. – 3rd Floor - Gold Room

Facilitator: Lori Petre

Handouts: Meeting Minutes 03/28/07
AHCCCS NPI Key Updates
Key Points NPI Enforcement Delay
Suggested AHCCCS NPI Contingency Planing Efforts
NUCC Extension for Implementation of 1500s (article)
UB-04 Implementation and NPI

Attendees: Teleconference attendees are shown with an *

Abrazo Health
Pat Lapp*
Liz Liska*
James Ten Eyck*
JoAnn Ward*

ADES
Barry Crum
David Gardner
Brian Lensch
Cathy Nunez
Amanda Worth

ADHS
Kevin Gibson
Jerri Gray
Dimiter Pekin
Paula Rendfeld*
Sherry Zhaos

AHCCCS
Cindy Altman
Deborah Burrell
C. Michael Collins
Christi Coppedge
Terry Cox
Dwanna Epps
Sharon Hsu
Ester Hunt
Dora Lambert*
Asia Lennear
Jacqueline McElroy
Kermit Rose

Capstone
Lydia Ruiz

Care 1st Arizona
Ann Weeks

Centene Corporation
Katie Bromeier*
Kerry Kincaid*
Ofelia Martinez
Carrie Skoog-Boutajrit
Suzanne Szepanski*

Cochise Health Sys
Marcia Goerdt*
Barbara Jones*
Susan Speicher*

Fort Defiance IHS
Tina Sells

Gila River HCC
N. Celaya
Janice Johns
Patricia Nullo
Lora Welch

Iasis Healthcare
Monica Garcia
C. Peoples
Jesse Perlmutter*
Rozalinda Pili*

Maximus
Diane Sanders

Phoenix Children's Hosp
Leslie Luciano

Pima Health Systems
Lucy Paape*
Alan Tiano*
Shari Wilson

Pinal County
Cheryl Davis
Jennifer Schwartz

Scan Healthplan
Russell Dow*
Jim Hasey*
Sharon Hawn*
Temera Royston*
Marvin Quitoles*
Nathan Wheeler*

Schaller Anderson
Todd Cassel
Maurice Hill
Cathy Jackson-Smith
Walter Janzen

UHC
Beverly Duffy*

UPH
Julie Conrad*
Kathy Steiner*
John Valentino*

Yavapai County
Becky Ducharme*
John Gessell*
Jean Willis*

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OVERALL NPI STATUS UPDATES   Lori Petre

October Encounter Cycle…AHCCCS's large system changes were implemented last October. This is significant because Health Plans can now submit encounters with NPIs. Alternatively, encounters without NPIs will not be rejected between now and the final cut-off date.

NPI Enforcement Delay…CMS issued an enforcement delay not to exceed 05/23/08. This is not a contingency and readiness is still the goal. The purpose of the delay is to provide more time for outreach and testing. As a consequence, AHCCCS will delay hard enforcements but expects Health Plans to test with all trading partners so that the end result has no disruption of payment.

Enforcement Delay Versions...There are two versions of the enforcement. The version dated 4/23/07 is the one to share with Health Plan CEOs. It describes the necessity of viably tracking "sustained actions and demonstrable progress." The revised version, dated 04/24/07, is a summary that includes the Office of E-Health Standards and Services.

Contingency Awareness…Contingency plans need not wait to end on 05/23/08. The requirement is to show evidence of working toward compliance. Intensity of efforts should not change. This planning is advised as an aid in creating a baseline and an outline of tasks for tracking sustainable progress for the auditors.

AHCCCS Action Items

– Incorporate documentation of "good faith efforts" in contingency planning efforts. This includes a project plan, documentation on the number of NPIs in the system and the expected total number, a list of outreach efforts to-date, feedback about one-on-one meetings with Health Plans in terms of outreach, current challenges, concerns, and additional efforts.

– Implement encounter NPI-related editing in a "soft" status effective 5/23/07. This will include tracking feedback reports to the Health Plans, i.e., encounters that would fail for no rendering provider NPI, and encounters that would fail for a miss-match on the NPI.

   Logistics need to be resolved to provide a way to tell a Plan if the NPI is not on file and fail a submittal error. There is a plan to also implement a similar process for Claims, which would return the information to the provider, stating that the NPI is missing but required.

– Target outreach to the top 500 providers and share this list with the Health Plans.

– Develop and schedule dial-in conference sessions to allow providers to call and ask questions. Evaluate additional options for providers to communicate their NPI information.

   (Q)   As part of your outreach to the top 500, whether it be the FFS or the MCO top volume providers, are you going to, at the same time you are asking them to get that information to you, encourage them to share that with us also?"

   (A)   We would like to partner in a lot of these efforts and will make sure we make the information available to everyone who needs to have it, so, absolutely!

– Evaluate current web or email related submission options. Document and utilize "industry communications" so that Dr. Lieb can actually send articles from physician newsletters.

– Obtain and track Trading Partner Contingency Plans with the expectation of receiving a plan from each organization. The objective is to integrate what is presented to CMS to show that our Trading Partners are compliant. Implement a timeline of actions to meet the ultimate goal of not disrupting payment. Cooperative adherence to the same date will make it easier for the providers.

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– Finalize draft of NPI Contingency Plan

Timeline: Completion and submission of Health plans/contingency plans   6/1/07
            Initiation of all Trading Partner Testing (also FFS)   7/1/07
            Health plan/Program Contractor System Readiness   10/1/07
            Required Compliance Date for Rendering/Service Providers   1/1/08
            Required Compliance Date for Providers   3/1/08

Contents: Good Faith Efforts (level of readiness to complete hard cut-over, project plan, current NPI count, outreach efforts to date, Trading Partner Testing guidelines, challenges); proposed "additional" outreach efforts; proposed contingency scope and related timeline

The soft copy of drafted AHCCCS NPI Contingency Planning Efforts with a proposed timeline will be emailed tomorrow, followed by a final plan. The contingency document for Health Plans will follow a similar format.

 …email comments regarding NPI status to lori.petre@azahcccs.gov.

HIPAA UPDATES   Mary Kay McDaniel

National Uniform Claim Committee (NUCC) [nucc.org]

The incorrect form negative of the 08/05 version of the 1500 that was supplied to the Government Printing Office (GPO) affected only a certain number of forms. A 08/05 version is properly formatted if the tip of the red arrow is not touching the top edge of the paper at the upper right hand corner of the form and there is a ¼-inch gap between the tip of the red arrow above the word "carrier" and the top edge.

Medicare will not accept the12/90 version of the 1500 after 06/01/07. Although there is no regulation to report the NPI on this form, Medicare (and other payors) will require it as a business decision.

Medicare and NPI Timeline

With their crosswalk currently at 74%, it is estimated that Medicare will convert to use of the NPI no later than 08/01/07. A July meeting is set for Health Care aides to discuss versioning at a Senate Hearing in hopes of improving the process.

Dual Use Plan and the Providers

What does dual-use plan mean to the providers? If a claim is submitted with both the legacy identifier and the NPI, what does that mean?

In some cases, the provider does not have the NPI. In other cases, the NPI is not on the file. Providers need to know this would result in the claim being denied. Health Plans cannot give have a false sense of safety to the providers but have to communicate provider responsibility for sharing the NPI. Conversely, there are providers who are sending out their NPIs profusely every week because they did not receive a response of receipt from the Health Plan.

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National Uniform Billing Committee (NUBC) [nubc.org]
The UB04 cut over is May 23, 2007. This date is not being extended.

National Uniform Code Committee (NUCC) [nucc.org]
There are instructions to put the qualifier, no space, and the number in the boxes on the bottom right-hand side on the new 1500 forms.

Providers are being instructed from Medicare that box 24J on the right hand side of the new 1500 claim will hold an NPI and legacy. However, it has been duly noted that there is no place for the rendering provider name at this location.

AHCCCS Website
There will be an attempt to better define *CMS* in "Frequently Asked Questions" and end the confusion whether CMS refers to CMS-Medicare or CMS-OESS.

…email comments regarding HIPAA Updates to marykay.mcdaniel@azahcccs.gov

NPI REGISTRATION UPDATE   Valerie Noor

The number of providers on file as of 05/20/07 was 14,540 on file. Some of the atypical providers who thought they had to apply for an NPI are revoking them.

Some providers are stating they provided the wrong number. Health Plans will need to look at the weekly update for those system changes.

(Q)   Will there be an alert for these changes?

(A)   A supplemental file will identify those changes and a process will be in place to identify those changes after claims are submitted (*per Lori Petre*).

…email comments regarding NPI Registration to valerie.noor@azahcccs.gov.

Submitted Questions   All

1.   Can it be stated in our communications to providers that the NPI deadline has been changed or relaxed?

     You can state that there is an enforcement delay. Any large organization is probably well aware. AHCCCS is working on a contingency plan and will publish a final version in two weeks. (*per Lori Petre*)

     2.2 million NPIs have been registered. The real issue is one of adjudication. The federal government realizes the financial impact to a provider organization and understands that compliance will be a hot button. (*per Mary Kay McDaniel*)

2.   Does AHCCCS have a contingency plan in place for those providers that threaten discontinuance of operation as an AHCCCS provider due to lack of payment for no NPI?

     Right now the plan is the law. It is hoped that the percentage of noncompliance will be less than 1%.

3.   Does AHCCCS know if the Health Plans/Program Contractors are/will be required to submit a formal request for an extension of the May 23rd, 2007 cut-over date?

     We will be asking your organizations for this.

4. How far behind is AHCCCS Provider Registration in loading NPI to provider files?

    About ten days (*per Valerie Noor*).

5. Will there be any consideration for timely claim submissions until all NPI are loaded, e.g., lifting timeliness edits?

    AHCCCS will look when 1/1/2008 draws near. Contingency planning should bring in more compliance.

6. If a claim is submitted with AHCCCS ID, then resubmitted with NPI, will that be held to the 6-month or 12-month timeliness edit? (Under normal circumstances, we can't change provider ID.)

    The edits will work the same way they do now. (*per Mary Kay McDaniel*)

    a) Technically, they are not changing the provider ID, they are changing the 'reporting' of the ID.
    b) All internal processing is done via the AHCCCS ID, this should not be a problem

7. What will be the impact of the new form types (both HCFA and UB-04) on the 837 transactions?
    (*Answered in Mary Kay's presentation.*)

Overall NPI Status Updates   Lori Petre

Drafts and final contingency plans will be emailed soon. The proposed plan included in today's handouts includes what AHCCCS also wants to see in the Health Plans contingencies.

If a plan has not yet arranged for a one-on-one, please do so before 06/01/07.

There will be no Consortium during the month of May due to all of the upcoming meetings. An invitation for June will be sent.

The Meeting adjourned at 2:00 p.m.

Corrections to the minutes should be directed to NpiConsortiumCoordinator@azahcccs.gov.